STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15K002	A. BUILDING _____ B. WING _____	01/12/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSHINE HOME ASSISTANCE SERVICES	222 W WAYNE ST FORT WAYNE, IN 46802

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
G 000	INITIAL COMMENTS This was a home health federal recertification survey. This was a partial extended survey. Survey dates: January 9-12, 2012 Faciliy #: 005869 Medicaid #: 100265660A Surveyor: Miriam Bennett RN, PHNS Census: 57 Quality Review: Joyce Elder, MSN, BSN, RN January 19, 2012 This survey was modified as the result of an IDR 3/14/12. je	G 000		
G 158	484.18 ACCEPTANCE OF PATIENTS, POC, MED SUPER Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine. This STANDARD is not met as evidenced by: Based on clinical record review and interview, the agency failed to ensure visits were made and notification of the heart center was completed when blood pressure was outside the identified parameters as ordered on the plan of care for 3 of 10 records reviewed with the potential to affect all the agency's 57 patients. (#1, 2, and 7) Findings include:	G 158		3/2/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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G 158	Continued From page 1	G 158		

1. Clinical record #1 contained a plan of care for certification period 6/28/11 - 8/28/11. An order dated 7/29/11 was noted to increase aide visits to twice a day. There was no evidence that a second visit was made on 7/29/11, 8/1/11. Second visits began on 8/2 and each day through 8/10. No second visits were made after that.

2. Clinical record #2 included an order dated 6/29/11 for the patient to receive home health aide services beginning 7/6/11. The record evidenced the aide services began 7/1/11.

3. Clinical record #7 included a plan of care for certification period dated 11/11/11-1/11/12 with orders to contact heart center if systolic blood pressure (BP) over 160 and/or diastolic blood pressure over 90. An order dated 11/12/11 indicated that these parameters applied to afternoon and evening visits only.

A. The skilled nursing report sheet for 11/11/11 and timed 4:30-5:30 PM visit noted 2 BP readings of 146/96 and 108/100 with no documentation the heart center had been notified as ordered.

B. The skilled nursing report sheet for 11/13/11 and timed 4:30-5:00 PM visit noted a BP reading of 130/100 with no documentation the heart center had been notified as ordered.

C. The skilled nursing report sheet for 11/20/11 and timed 3:45-4:15 PM visit noted a BP reading of 151/100 with no documentation the heart center had been notified as ordered.

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G 158	Continued From page 2 D. The skilled nursing report sheet for 12/3/11 and timed 4:30-5:00 PM visit noted a BP reading of 136/96 with no documentation the heart center had been notified as ordered. E. The skilled nursing report sheet for 12/12/11 and timed 5:15-5:45 PM visit noted a BP reading of 149/93 with no documentation the heart center had been notified as ordered. F. The skilled nursing report sheet for 12/21/11 and timed 6:00-6:30 PM visit noted a BP reading of 155/95 with no documentation the heart center had been notified as ordered. 4. On 1/12/11 at 2:30 PM, the Director of Nursing indicated the nurses are to call the responsible party per orders themselves and then to call the office to notify that responsible party was notified of BP out of parameters ordered.	G 158		
G 159	484.18(a) PLAN OF CARE The plan of care developed in consultation with the agency staff covers all pertinent diagnoses, including mental status, types of services and equipment required, frequency of visits, prognosis, rehabilitation potential, functional limitations, activities permitted, nutritional requirements, medications and treatments, any safety measures to protect against injury, instructions for timely discharge or referral, and any other appropriate items. This STANDARD is not met as evidenced by: Based on clinical record review, observation, and interview, the agency failed to ensure the durable medical equipment was listed on the plan of care	G 159		3/2/12

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G 159	Continued From page 3 and the plan of care dates were for a 60 day certification period and dates did not overlap for 10 of 10 records with the potential to affect all the agency's 57 patients. (#1 - 10) Findings include: 1. Clinical record #1 contained a plan of care for the certification period 6/28/11 - 8/28/11. The certification period beginning 6/28/11 should have ended on 8/26/11. 2. Clinical record #2 contained a plan of care for the certification period 6/29/11 - 8/29/11. The certification period beginning 6/29/11 should have ended on 8/27/11. 3. Clinical record #3 contained 2 plans of care, one certification period dated 11/2/11- 1/2/12 and another certification period dated 1/2/12 - 3/2/12. The certification period beginning 11/2/11 would have ended on 12/31/11 and the next certification period would have been from 1/1/12 - 2/29/12. 4. Clinical record #4 contained a plan of care for the certification period dated 11/28/11 - 1/28/12. The certification period beginning 11/28/11 should have ended on 1/26/12. 5. On 1/11/12 at 10 AM, a home visit identified patient #5 had an electric wheelchair, Hoyer lift, hospital bed, and life alert button in the home. The plan of care for the certification period 12/1/11 - 2/1/12 failed to evidence these pieces of equipment. The certification period should have ended 1/29/12. 6. Clinical record #6 contained a plan of care for	G 159		

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G 159	Continued From page 4 the certification period 10/30/11 - 12/30/11. The certification period beginning 10/30/11 should have ended on 12/29/11. 7. Clinical record #7 contained a plan of care for the certification period 11/11/11 - 1/11/12 and another one from 1/11/12 - 3/11/12. The certification period beginning 11/11/11 should have ended on 1/9/12 and the next certification period would have been from 1/10/12 to 3/9/12. 8. Clinical record #8 contained a plan of care for the certification period 11/22/11 - 1/22/12. The certification period beginning 11/22/11 should have ended on 1/20/12. 9. Clinical record #9 contained a plan of care for the certification period 11/18/11 - 1/18/12. The certification period should have been to 1/16/12. 10. On 1/12/12 at 9:30 AM, a home visit identified patient #10 had an electric wheelchair, life line button, and shower chair. The plan of care for the certification period 12/29/11 - 2/29/12 failed to evidence these pieces of equipment. The record contained 2 plans of care, one dated 10/29/11 - 12/29/11 and one dated 12/29/11 - 2/29/12. The certification period beginning 10/29/11 would have ended on 12/27/11 and the next certification period would have been from 12/28/11 - 2/25/12.	G 159		
G 170	484.30 SKILLED NURSING SERVICES The HHA furnishes skilled nursing services in accordance with the plan of care.	G 170		3/2/12

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G 170	Continued From page 5 This STANDARD is not met as evidenced by: Based on clinical record review and interview, the agency failed to ensure notification to the heart center occurred when the patient's blood pressure was outside of the identified parameters and as ordered on the plan of care for 1 of 10 records reviewed with the potential to affect all the agency's 57 patients. (#7) Findings include: 1. Clinical record #7 included a plan of care for certification period dated 11/11/11-1/11/12 with orders to contact heart center if systolic blood pressure (BP) over 160 and/or diastolic blood pressure over 90. An order dated 11/12/11 indicated that these parameters applied to afternoon and evening visits only. A. The skilled nursing report sheet for 11/11/11 and timed 4:30-5:30 PM visit noted 2 BP readings of 146/96 and 108/100 with no documentation the heart center had been notified as ordered. B. The skilled nursing report sheet for 11/13/11 and timed 4:30-5:00 PM visit noted a BP reading of 130/100 with no documentation the heart center had been notified as ordered. C. The skilled nursing report sheet for 11/20/11 and timed 3:45-4:15 PM visit noted a BP reading of 151/100 with no documentation the heart center had been notified as ordered. D. The skilled nursing report sheet for 12/3/11 and timed 4:30-5:00 PM visit noted a BP reading of 136/96 with no documentation the	G 170		

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G 170	Continued From page 6 heart center had been notified as ordered. E. The skilled nursing report sheet for 12/12/11 and timed 5:15-5:45 PM visit noted a BP reading of 149/93 with no documentation the heart center had been notified as ordered. F. The skilled nursing report sheet for 12/21/11 and timed 6:00-6:30 PM visit noted a BP reading of 155/95 with no documentation the heart center had been notified as ordered. 2. On 1/12/11 at 2:30 PM, the Director of Nursing indicated the nurses are to call the responsible party per orders themselves and then to call the office to notify that responsible party was notified of BP out of parameters ordered.	G 170		
G 225	484.36(c)(2) ASSIGNMENT & DUTIES OF HOME HEALTH AIDE The home health aide provides services that are ordered by the physician in the plan of care and that the aide is permitted to perform under state law. This STANDARD is not met as evidenced by: Based on clinical record review and interview, the agency failed to ensure the aide provided the tasks ordered on the aide plan of care for 4 of 8 records reviewed of patients receiving home health aide services with the potential to affect all the agency's patients that received home health aide services. (#1, 2, 3, and 4) Findings include:	G 225		3/2/12

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G 225	Continued From page 7	G 225		

1. Clinical record #1 included a home health aide care plan for the certification period 6/28/11 to 8/28/11 that identified the patient was to receive nail care and mouth care daily Monday - Friday. The aide was also to change the bed weekly. The personal care flow sheet for the week 6/28 - 7/1/11 failed to evidence the patient received any nail care. The flow sheet had a section labeled "Linen Change/Straighten Room" which had been marked for every day. But it was unable to be determined when or if the linen was changed.

A. The personal care flow sheet for the week of 7/5 - 7/9/11 failed to evidence the patient received any nail care. The flow sheet had a section labeled "Linen Change/Straighten Room" which had been marked for every day. But it was unable to be determined when or if the linen was changed.

The personal care flow sheet failed to evidence any aide provided services on 7/4/11 (a Monday). The aide went on Saturday instead.

B. The personal care flow sheet for the week of 7/11 - 7/15/11 failed to evidence the patient received any nail care. The flow sheet had a section labeled "Linen Change/Straighten Room" which had been marked for every day. But it was unable to be determined when or if the linen was changed.

C. The personal care flow sheet for the week of 7/18 - 7/22/11 failed to evidence the patient received any nail care. The flow sheet had a section labeled "Linen Change/Straighten Room" which had been marked for every day. But it was unable to be determined when or if the linen was

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G 225	Continued From page 8	G 225		

changed.

D. The personal care flow sheet for the week of 7/25 - 7/29/11 failed to evidence the patient received any nail care. The flow sheet had a section labeled "Linen Change/Straighten Room" which had been marked for every day. But it was unable to be determined when or if the linen was changed.

E. The personal care flow sheet for the week of 8/1 - 8/5/11 failed to evidence the patient received any nail care. The flow sheet had a section labeled "Linen Change/Straighten Room" which had been marked for every day. But it was unable to be determined when or if the linen was changed.

F. The personal care flow sheet for the week of 8/8 - 8/12/11 failed to evidence the patient received any nail care. The flow sheet had a section labeled "Linen Change/Straighten Room" which had been marked for every day. But it was unable to be determined when or if the linen was changed.

G. The personal care flow sheet for the week of 8/15 - 8/19/11 failed to evidence the patient received any nail care. The flow sheet had a section labeled "Linen Change/Straighten Room" which had been marked for every day. But it was unable to be determined when or if the linen was changed.

H. The personal care flow sheet for the week of 8/22 -26/11 failed to evidence the patient received nail care any day that week and mouth care on 8/22/11. The flow sheet had a section

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G 225	Continued From page 9 labeled "Linen Change/Straighten Room" which had been marked for every day. But it was unable to be determined when or if the linen was changed. 2. Clinical record #2 included a home health aide care plan dated 7/6/11 that identified the patient emptied the urinary drainage bag. The "Empty Drainage Bag" section was not marked. The personal care flow sheet for 7/5/11, 7/12 - 13, 7/15 - 17, 7/19, 7/26 - 27, 7/29 - 31, 8/2, and 8/5/11 evidenced the aide emptied the drainage bag. 3. Clinical record #3 identified the patient was a quadriplegic. The personal care flow sheet for 11/3 - 4, 11/7, 11/11, 11/14, 11/18, 11/21, 11/25, 11/28, 12/5, 12/7, 12/9, 12/17, and 12/22/11 evidenced the aide had provided "assist with ambulation." 4. Clinical record #4 identified included a home health aide care plan reviewed 11/1/11 and 1/9/12 that identified fingernail care was not marked to be done by the aides. The personal care flow sheet for 12/2/11, 12/17 - 18/11 and 12/24/11 indicated the aides provided fingernail care to the patient.	G 225		